

Harrisburg Human Relations Commission
Use only

Docket No. _____
EEOC No. _____
Social Security No. _____

HRC can investigate complaints of discrimination based upon race, color, religion, ancestry, age (40-70), sex, national origin, non-job related handicap or disability, known association with a handicapped or disabled individual, a general education development certificate, sexual preference/orientation, familial status, place of birth, marital status.

IN-7 FORM CONDUCT-RELATED DISCIPLINE QUESTIONNAIRE
Questionnaire on the incident you are complaining about.

Rev.10-01

To avoid rewriting your answers, please read this short questionnaire from beginning to end before filling out your answers to individual questions. Please answer every applicable question as fully as possible, and to the best of your present knowledge, information and belief. If you are unsure of your answer, please say so. It is your responsibility to notify this Agency of a change of address or times of unavailability. Failure to notify this Agency may result in dismissal of the matter.

Name _____

Address _____

City _____ State _____ Zip Code _____

County _____ Telephone No. H () _____ W () _____

May we call you at work? Yes _____ No _____

Caution: Failure to correctly identify the name of the legal entity you are complaining about will hinder the processing of your complaint. Bring pay stubs, W-2 forms, contracts, etc. to aid in verification of the name and address.

Name of Organization your complaint is against:

Name _____

Address _____

City _____ State _____ Zip Code _____

Type of Business _____

Number of employees who work at the organization named above. Please check one.

Less than 4 _____ 15 to 100 _____ 201 to 500 _____ Unknown _____

4 to 14 _____ 101 to 200 _____ 501 plus _____

Name and address of person who will know how to contact you and who does not reside in your home.

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone No. H () _____ W () _____

In this Questionnaire, you will see the word "class" mentioned. **Class means the person's race, sex, age, ancestry, religion and so on.** Depending on the issues in the complaint, you may belong to two or more classes. For example, a Black female could belong to two classes: race/Black and sex/female. A White male could belong to race/White and sex, male. All persons named in the complaint or questionnaire should be identified by their class as follows: John Doe (White male), John Doe (under age 40), Jane Doe (Black female). For example, if your complaint is based on race, include the race of all persons mentioned. If it is a sex complaint, mention the sex of all persons mentioned.

1. **Discrimination means difference of treatment.** Please explain what happened to you and why you feel you were treated differently. In other words, what happened to persons of a different class that makes you feel they received more favorable treatment than you.

2. If you believe the organization treated you this way because of one or more of the reasons listed below, please check those reasons. If you believe the employer treated you this way for a reason which is not listed, explain what you believe to be the reason.

<input type="checkbox"/> Sex	<input type="checkbox"/> Ancestry	<input type="checkbox"/> Age (40-70)	<input type="checkbox"/> Date of Birth
<input type="checkbox"/> Race	<input type="checkbox"/> National Origin	<input type="checkbox"/> Use of guide dog or support animal	
<input type="checkbox"/> Color	<input type="checkbox"/> GED	<input type="checkbox"/> Sexual preference/Orientation	
<input type="checkbox"/> Religious Creed	<input type="checkbox"/> Retaliation		
<input type="checkbox"/> Place of Birth	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Non-job related handicap/disability	
<input type="checkbox"/> Familial Status		identify your disability _____	

3. When were you hired by the employer who disciplined you? _____

4. What job(s) have you held during your employment with this employer?

Job Title _____

Department _____

Length of Time on the job _____

Date _____

Shift _____

Job Title _____

Department _____

Length of Time on the job _____

Dates _____

Shift _____

5. What was the discipline?

_____ Oral Counseling

_____ Oral Warning

_____ Oral Suspension

_____ Written Counseling

_____ Written Warning

_____ Written Suspension

_____ Other (Please Specify)

6. Have you been disciplined in the past?

Yes _____

No _____

If yes, give specific dates and incidents.

7. Who recommended this discipline? _____

8. What is his/her CLASS and job title? _____

9. What reasons were given to you by the employer for this discipline?

10. What explanation for your performance, or conduct, did you give to the employer?"

- 10a. To your knowledge, did the employer conduct any investigation which took into account our explanation?

Yes _____

No _____

If yes, please explain when the investigation occurred, the name(s) of the individuals who investigated the incident for the employer and any other details you can remember.

11. Did your explanation for your performance or conduct cause the employer to reconsider or reduce the recommended discipline in any way?

Yes _____

No _____

If yes, please explain _____

12. Do you believe any of the reasons given by the employer for this discipline were accurate?

Yes _____

No _____

If yes, please explain _____

13. Identify all persons who have committed similar offenses/rule violations as you were charged with committing, but who received a lesser discipline than you receive.

Name _____

CLASS _____

Job/Dept. _____

What did the person do? _____

Discipline given? _____

Date of incident? _____

Date discipline given? _____

Name _____

CLASS _____

Job/Dept. _____

What did the person do? _____

Discipline given? _____

Date of incident? _____

Date discipline given? _____

13a. How do you know about the above incidents? _____

13b. Why do you believe there was difference in the discipline given to the person(s) above? _____

If there are any additional witnesses, please list them on the CONTINUATION PAGE.

14. Did you lose any wages or benefits for the current discipline?

Yes _____ No _____

If yes, list the period during which wages/benefits were lost and the approximate amount of your loss.

Dates _____

Amount _____

If you were discharged/demoted, please complete the DISCHARGE QUESTIONNAIRE.

15. If you have it, please attach a copy of any written procedure your employer may have with respect to discipline. If it is not written, what is the practice or your understanding of it?

16. Are you a union member?

No _____ No _____

What is the name of your union? _____

Address _____

Telephone Number () _____ Business Agent _____

17. Did you file a grievance regarding the above problem?

Yes _____ No _____

If so, attach a copy of the grievance. Explain what step your grievance is now in. Give both step number and letter, and the name and title of the union official dealing with your grievance.

18. Are you a civil service employee?

Yes _____ No _____

Did you file a civil service complaint regarding the above problem?

Yes _____ No _____

What is/was the status of your civil service complaint, if applicable?

19. Have you filed a complaint about this matter with any other commission or agency?

Yes _____ No _____

If so, please specify the commission or agency and the date you filed, to the best of your recollection.

Commission or Agency _____

Date Complaint Filed _____

Docket Number, if known _____

20. Have you taken any court action regarding this matter?

Yes _____ No _____

If so, please specify in what court and the date you filed to the best of your recollection.

Name of Court _____

Date Action Filed _____

City _____ County _____

If there are other facts you feel should be considered, record these on the last page of the questionnaire (Continuation Page).

I hereby verify that the statements contained in this complaint are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 PA.C.S. Section 4904, relating to unsworn falsification to authorities.

Signature

Date

Address

City, State and Zip Code

()

Telephone Number

CONTINUATION PAGE

For use if additional pages are needed to answer any question(s). Indicate the question number that is being answered before each response below.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.